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**Delaware Valley Veterinary Behavior**

**(724) 953-3801**

[**delvalvetbehavior@gmail.com**](mailto:delvalvetbehavior@gmail.com)

[**http://delvalvetbehavior.wix.com/dvvb**](http://delvalvetbehavior.wix.com/dvvb)

1. Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Pet’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Pet’s gender (male, female): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Pet’s species (dog, cat) & breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Primary care veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Current trainer (if any): ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please describe your pet’s primary problems below:

|  |  |  |
| --- | --- | --- |
| Problem | Triggers | Intervention tried/response |
|  |  |  |
|  |  |  |
|  |  |  |

Example table:

|  |  |  |
| --- | --- | --- |
| Problem | Triggers | Intervention tried/response |
| Dog has lunged and bitten unfamiliar person without breaking skin. Dog did not growl or back away before lunging | Neighbor reached to pet dog when stopped to greet on walk | Avoid unfamiliar people reaching for dog; have worked on “go touch” with familiar people. Touches familiar person’s hand without signs of fear. |
| Dog whines loudly and pulls on lead | Visually encountering any unfamiliar dog on walks | Taught dog verbal cue for eye contact and reinforced default eye contact on lead. Dog unable to take food or respond to verbal cues on walks |

1. Please list your goals for your upcoming visit.
2. When your pet arrives at the veterinarian what is his or her response? *If you are concerned that your pet will aggress or become frightened in our waiting area, arrangements can be made to have a staff member meet you when you register for your appointment, and take you and your pet directly to our exam room.*
3. Does your pet have any dietary limitations? *We can provide lickable food in a Kong or commercial pet treats in a kibble dispensing toy to occupy your pet, but feel free to bring favorite treats or toys to the appointment.*
4. Please list your pet’s current and past health problems, if any.
5. If your pet has ever received medications or supplements for behavioral reasons, please list them below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication/  supplement | Dose | Number of doses per day | Duration of treatment | Response |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |